

# FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>195.05</b>		OMB Approval No. <b>0348-0038</b>	Page of <b>1</b> of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>First Alaskans Institute, 606 E Street, Suite 200, Anchorage, AK 99501</b>					
4. Employer Identification Number <b>92-0174854</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>★</b>	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>9/1/2005</b>		To: (Month, Day, Year) <b>7/31/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
				To: (Month, Day, Year) <b>12/31/2006</b>	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		69,849.44	55,411.62	125,261.06	
b. Recipient share of outlays		12,894.81	10,296.61	23,191.42	
c. Federal share of outlays		56,954.63	45,115.01	102,069.64	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share (Sum of lines c and f)				102,069.64	
h. Total Federal funds authorized for this funding period				250,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				147,930.36	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate <b>.2878</b>	c. Base <b>238095.00</b>	d. Total Amount <b>68,523.74</b>	e. Federal Share <b>11,905.00</b>	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <b>Cumulative Administrative Costs through 12/31/2006 \$4544.77</b>					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title <b>Greta Goto, Director, Alaska Native Policy Center</b>			Telephone (Area code, number and extension) <b>907-677-1700</b>		
Signature of Authorized Certifying Official 			Date Report Submitted <b>January 26, 2007</b>		

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

★ Spoke with Sarah Scanlan 677-1700 regarding change

dc 11/29/07

**ACCEPTED**  
**ENTERED**